

HAND
DELIVERED, 44

LEGISLATIVE RESOURCE CENTER

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U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

A \$200 penalty shall be assessed against any
individual who files more than 30 days late.

UNITED STATES HOUSE OF REPRESENTATIVES		FORM B	
FINANCIAL DISCLOSURE STATEMENT		For New Members, Candidates, and New Employees	
Name: Henry Scott Wallace			
Daytime Telephone: 1			
FILER STATUS	<input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives	State: PA District: 01	<input type="checkbox"/> Check if Amendment
	Candidates - Date of Election: May 15, 2018 primary		
	<input type="checkbox"/> New Officer or Employee	Staff Filer Type (if Applicable): Employing Office: Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>	Period Covered: January 1, _____ to _____

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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Name: Harry Slot Wallace Page: 14 of 44

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BLOCK A		BLOCK B													BLOCK C							BLOCK D																												
Assets and/or Income Sources		Value of Asset													Type of Income							Amount of Income																												
SP, DC, JT	ASSET NAME	EIF																																																
			A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST*	CAPITAL GAINS	EXCEPTED/BLIND TRUST*	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year												Preceding Year														
																								I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII			
	None																																																	
	\$1-\$1,000																																																	
	\$1,001-\$15,000																																																	
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	\$25,000,001-\$50,000,000																																																	
	Over \$50,000,000																																																	
	Spouse/DC Asset over \$1,000,000*																																																	
	NONE																																																	
	DIVIDENDS																																																	
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	INTEREST*																																																	
	CAPITAL GAINS																																																	
	EXCEPTED/BLIND TRUST*																																																	
	TAX-DEFERRED																																																	
	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)																																																	
	None																																																	
	\$1-\$200																																																	
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: HENRY SLETT WALLACE

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BLOCK A			BLOCK B													BLOCK C								BLOCK D																									
Assets and/or Income Sources			Value of Asset													Type of Income								Amount of Income																									
SP, DC, JT	ASSET NAME	EF	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year												Preceding Year													
																									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	
	None																						None																										
	\$1-\$1,000																						\$1-\$200																										
	\$1,001-\$15,000																						\$201-\$1,000																										
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	\$25,000,001-\$50,000,000																						Over \$5,000,000																										
	Over \$50,000,000																						Spouse/DC Income over \$1,000,000*																										
	Spouse/DC Asset over \$1,000,000*																						None																										
	None																						\$1-\$200																										
	\$1-\$1,000																						\$201-\$1,000																										
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	\$5,000,001-\$25,000,000																						Over \$5,000,000																										
	Over \$25,000,000																						Spouse/DC Income over \$1,000,000*																										
	Spouse/DC Asset over \$1,000,000*																						None																										

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SCHEDULE D - LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X							
	none													

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization
Co-Chair	Wallace Global Fund
Board of Directors	Brennan Center for Justice at NYU School of Law
Board of Directors	Institute for America's Future
Vice President	Families Against Mandatory Minimums

FILER NOTES
(Optional)

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NOTE NUMBER	NOTES
1	Most of the assets listed in Schedule A ("Assets and Unearned Income") are held in one of three trusts for which I am the income beneficiary,
	but as to which the ultimate corpus is entrusted to other individuals and I have no vested interest therein. Schedule A thus reflects the value of
	such assets at the end of 2017, as well as the amount and type of income generated from each asset. In certain cases, these lines reflect
	assets in which I both own asset shares directly as well as receive present income via the trust, and for which the valuation listed is an
	aggregate value.

Use additional sheets if more space is required.